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ABSTRACT

This digest reviews trends in adolescent sexual activity and discusses conceptual and programmatic approaches to pregnancy prevention. It discusses a pregnant adolescent's choices for resolving an unplanned pregnancy (i.e. abortion, adoption, keeping the baby, and marriage), and the challenges faced by teenage parents. The final section touches on efforts to include young men in efforts to prevent pregnancy, help young parents, and promote more responsible adolescent behavior. (TE)

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HIGHLIGHTS ...An ERIC/CAPS Digest

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Adolescent Pregnancy and Parenthood

Recent Trends

Adolescent pregnancy and parenthood remain significant issues among policy makers, service providers and members of the American public alike. Although the birthrate among adolescents has declined since peaking in the late 1950s, there have been changes in adolescents' sexual behavior, incidence of pregnancy, choices of pregnancy resolution and rates of marriage which have altered the nature of the phenomenon and contributed to the rising concern since the late 1960s. These challenging issues have spawned a great deal of research examining the causes and consequences of these changes and a great variety of practice and policy approaches to ameliorate and prevent adolescent pregnancy and parenthood.

Birthrate

Between 1977 and 1987 the actual birth rate among young women ages 15–19 declined slightly, from 52.8 per 1000 women to 51.1. During the same time period, the birthrate changed little among younger teens, under age 15, hovering around 1.2 births per 1000 girls. Because the number of teens in the population fell during the past decade, the total number of births to teens also declined, falling from 570,000 in 1977 to 472,623 in 1987.

However, this decline in the birthrate and total numbers of births to teens occurred in the face of greater prevalence of sexual activity, higher rates of pregnancy, abortion and, perhaps most significant, dramatically higher proportions of births occurring outside of marriage. Although the gap between teens of different races is steadily closing, non-white teens are twice as likely as white teens to become pregnant, with no difference by race in the likelihood of having an abortion. Nevertheless, because of their higher pregnancy rate, non-whites have higher rates of both abortion and birth (Moore, 1989).

One of the more significant trends is that, while overall birthrates have remained fairly steady, rates of marriage among teens have plunged. Black teen mothers are much more likely than their white counterparts to be unmarried, but the rate of out-of-wedlock childbearing among white teens has steadily increased. In sum, we have seen in recent decades a dramatic change in adolescents' sexual, pregnancy and marital choices, all of which bring about an increased proportion of young women having early sexual intercourse, becoming pregnant, and resolving the pregnancy either through abortion or single motherhood.

Early Sexual Activity

More teens today report having sexual intercourse, having it at earlier ages, and using birth control. However, the increase in those teens having early intercourse outpaced use of contraception, thus putting more adolescents at risk of an unwanted pregnancy.

In general, sex among adolescents has become more normative across contemporary American society. There is no evidence of any particular consequences to teens being sexually active except, of course, the risks of pregnancy and contracting sexually transmitted diseases. Although programs designed to reduce or to delay sexual activity remain a controversial subject of debate, programs and policies whose goals include adolescent pregnancy prevention have not been shown either to reduce nor to encourage sexual activity (Newcomer, 1985).

Pregnancy Prevention

With respect to pregnancy prevention among those who have sexual experience, the trends are mixed. Contraceptive use rose during the 1970s, preventing even greater increase in teen pregnancies, given how much sexual activity increased. While there is no reported difference by race in the likelihood that a young woman used birth control at last intercourse, black women tend to use more effective contraceptives like the birth control pill; however, black teens are also more likely to use the pill erratically, thus eliminating the contraceptive advantage. The average time between initiation of sexual activity and first using birth control is about one year. This lapse has been a consistent finding since the early 1970s.

Several factors have been found to be positively associated with teens using birth control. They include: older age of initiation of sexual activity; stability of the relationship with partner; knowledge of sexuality, reproduction and contraception; higher academic aspirations; attitude toward personal risks; greater acceptance of one's own sexuality; and the presence of parental supervision and support.

Underlying many of these factors is the degree of an adolescent's cognitive development. In general, a 17-year-old is better able to comprehend the consequences of an action and anticipate the future than is a 12-year-old. Many teens believe that they are personally invulnerable to harm. This common developmental characteristic (as well as other aspects of working with adolescents) should be considered when designing pregnancy prevention programs in both educational and health care settings.

Several conceptual and programmatic approaches to pregnancy prevention exist. The most common include general encouragement for use of birth control; school-based clinics; condom distribution; sexuality and contraception education in and out of school; enhancing life options; and encouraging teens to delay sexual initiation. Although different approaches to pregnancy prevention generate tremendous public and political debate and disagreement,

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there is not adequate research evidence suggesting which is the most effective. The National Council's *Risking the Future* found that encouraging contraceptive use for sexually active teenagers has the most empirical support (Hayes, 1987). Evidence exists that programs which are comprehensive in scope tend to be the most successful. In Baltimore, a joint school and clinic-based program offered the promise of encouraging students to be responsible in their sexual behavior (Zabin, Hirsch, Streett, Emerson, Smith, Hardy, & King, 1988). Some evidence does suggest that exposure to innovative programs geared toward pregnancy prevention, such as peer counseling/advocacy and peer theater troupes, promotes the utilization of health services. It is clear that no one single element can eliminate unwanted pregnancies among teens.

Pregnancy Resolution

In recent years more pregnant teens have chosen to resolve a pregnancy through abortion, while adoption has declined precipitously. By far, however, the most significant change in pregnancy resolution is the rise in births to unmarried teens.

An early pregnancy which is unwanted, as most are to teens, generally is a crisis not only for the young woman but also for her family and the baby's father, and should be treated by professionals as such (Maracek, 1987). Brazell and Acock (1988) found that a pregnant adolescent's choices about pregnancy resolution are influenced in part by her own attitudes toward abortion, her perceptions of the attitudes of parents and friends, parents' and her own aspirations, and by how close she is to her boyfriend. This suggests that the process of resolving an unplanned pregnancy should include significant individuals in the teen's life whenever possible. A comprehensive approach should allow the individuals to review all of the options available, including whether to proceed with the birth, whether to keep the baby, whether to marry, and if the girl remains single, how to obtain financial and social support for parenthood.

All of the choices for resolving an early pregnancy are difficult. In 1988 the United States Surgeon General asserted that there were no empirical grounds for either supporting or condemning abortion based on adverse or positive results. While state and federal policies to encourage adoption have been implemented since the early 1980s, there is no evidence that the number of young women who choose this option has increased (Henshaw, Kenney, Somberg, & Van Vort, 1989).

Teenage Parents

Once teenagers become parents, they face a new set of challenges. Teen mothers and their children are at higher risk for many difficulties than their non-parent peers. For example, Furstenberg, Brooks-Gunn, and Morgan (1987) found that teenage mothers have more than their share of out-of-wedlock births and marital upheavals, and their children are at increased risk for school and social failure. Teen mothers disproportionately experience welfare-dependency and the attending problems of poverty.

However, the fate of a young man or woman is by no means sealed upon becoming a parent. Mediating factors such as completing education and receiving support services can significantly improve life chances for parents and children. Teen parents vary considerably in the amount of support they need in order to avoid the worst consequences of teen parenthood. For those who need assistance, programs for teen parents are showing some success based on longitudinal as well as more limited program evaluations. In general, programs which offer comprehensive services (e.g., daycare, educational support, and/or vocational placement) are most effective.

Despite a great deal of public attention being given to programs for teen parents and mounting evidence of their effectiveness, the number of new young parents who participate in these programs is very small. Access is limited by the fact that these programs are inadequately funded to serve all who need their services; also programs are often not well-known in communities.

Male Involvement

In recent years, attention has shifted to include young men in efforts to prevent pregnancy, help young parents, and promote more responsible teen behavior. Many programs to serve young fathers or boys at risk of parenthood have been thwarted by the difficulty of attracting clients to female-oriented programs. In addition, studies attempting to identify specific characteristics of these young men have been limited by sample selection problems, in that many fewer boys report having been involved in pregnancy and birth than do girls.

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